

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Application Number</b></td> <td>See attached list of applications.</td> </tr> <tr> <td><b>Filing Date</b></td> <td>See attached list of applications.</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>Edward W. MERRILL et al.</td> </tr> <tr> <td><b>Title</b></td> <td>RADIATION AND MELT TREATED ULTRA HIGH MOLECULAR</td> </tr> <tr> <td><b>Art Unit</b></td> <td>1796</td> </tr> <tr> <td><b>Examiner Name</b></td> <td>S. Korman</td> </tr> <tr> <td><b>Attorney Docket Number</b></td> <td>See attached list of applications.</td> </tr> </table>	<b>Application Number</b>	See attached list of applications.	<b>Filing Date</b>	See attached list of applications.	<b>First Named Inventor</b>	Edward W. MERRILL et al.	<b>Title</b>	RADIATION AND MELT TREATED ULTRA HIGH MOLECULAR	<b>Art Unit</b>	1796	<b>Examiner Name</b>	S. Korman	<b>Attorney Docket Number</b>	See attached list of applications.
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<b>Attorney Docket Number</b>	See attached list of applications.														

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input type="checkbox"/> Applicant/Inventor. <b>OR</b> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____	<b>SIGNATURE OF Applicant or Assignee of Record</b> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">Signature</div> <div style="position: absolute; top: 5px; right: 5px;">Date</div> <div style="position: absolute; bottom: 5px; left: 5px;">Name</div> <div style="position: absolute; bottom: 5px; right: 5px;">Telephone</div> </div>
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